

OCT 24 2005

Atty Docket No. 022041-000810US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Lankford Jr., Leon B.

Group Art Unit 1651

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Lankford Jr., Leon B.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Steven T. Kunitake, et al., Application No. 10/647,031, filed August 21, 2003 for PRESERVATION OF RNA QUALITY AND CONTENT IN TISSUE SECTIONS DURING IMMUNOHISTOCHEMISTRY are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Form PTO/SB/21
2. Petition For Extension of Time
3. Amendment and Reply Under 37 CFR §1.111

Number of pages being transmitted, including this page: 11

Dated: October 24, 2005


Timothy S. Parker

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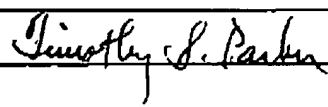
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PTO/SB/21 (09-04)

TRANSMITTAL FORM	Application Number	10/647,031	
	Filing Date	August 21, 2003	
	First Named Inventor	Kunitake, Steven T.	
	Art Unit	1651	
	Examiner Name	Lankford Jr., Leon B.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	022041-000810US
Total Number of Pages in This Submission		10	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
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